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<b>Effective on 12/08/2004.</b>		<b>Complete if Known</b>	
<b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Application Number</b>	10/581,090-Conf. #9471
<b>Fee TRANSMITTAL</b>		<b>Filing Date</b>	February 16, 2007
<b>For FY 2009</b>		<b>First Named Inventor</b>	HO, Andy
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Examiner Name</b>	Trinh, Minh N.
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 0.00)		<b>Art Unit</b>	3729
		<b>Attorney Docket No.</b> 22409-00393-US	

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number 22-0185			Deposit Account Name Connolly Bove Lodge & Hutz LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

<b>FEES CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>			<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>		
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
<b>2. EXCESS CLAIM FEES</b>								
<u>Fee Description</u>	<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
Each claim over 20 (including Reissues)	13	-45 =	x _____	= _____	52	26		
Each independent claim over 3 (including Reissues)					220	110		
Multiple dependent claims					390	195		
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.	1	-4 =	x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 =	/50 =	(round up to a whole number) x _____	= _____				
<b>4. OTHER FEE(S)</b>								
Non-English Specification. \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): _____								

<b>SUBMITTED BY</b>								
<u>Signature</u>	/Michael G. Verga/		<u>Registration No. (Attorney/Agent)</u>	39,410	<u>Telephone</u>	(202) 331-7111		
Name (Print/Type)	Michael G. Verga		Date	November 13, 2009				